

## Statement of Good Standing – Instructions

*Note: Contact the Board before submitting this form.*

Submit this form if you are a military service member, military veteran, or military spouse who is requesting alternative licensing and expedited services and are applying for licensure by endorsement as per §364.4 of the OT Rules. You must hold a current license issued by another state of the U.S. that is similar in scope of practice to the license in this state and be in good standing with that state's licensing authority. See §364.1(d)(3) of the OT Rules for further information.

If you have not already submitted documentation of your military status for your application, submit the following with this statement:

- Military Service Member: Current original orders, including signature page(s) or Military ID\*
- Military Veteran: DD 214
- Military Spouse: Military ID\*

*\*Copy the front and back of the ID.*

See the following definitions from Chapter 55, Texas Occupations Code:

1. Active duty - current full-time military service in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by Section 437.001, Texas Government Code, or similar military service of another state.
2. Armed forces of the United States - the army, navy, air force, space force, coast guard, or marine corps of the United States or a reserve unit of one of those branches of the armed forces.
3. Military service member - a person who is on active duty.
4. Military spouse - a person who is married to a military service member.
5. Military veteran - a person who has served on active duty and who was discharged or released from active duty.

Note that the Board shall maintain a record of each complaint made against a military service member, military veteran, or military spouse to whom the agency issues a license with this service and publish at least quarterly on its website the information maintained pursuant to such, including a general description of the disposition of each complaint.

Submit the following form by email or mail.

Email: Email as a scanned PDF attachment to [exam@ptot.texas.gov](mailto:exam@ptot.texas.gov).

Mail: See the address in the header on the next page.



**Texas Board of Occupational Therapy Examiners**

1801 Congress Ave Ste 10.900

Austin, TX 78701

ptot.texas.gov

512-305-6900

**Statement of Good Standing**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Application Type (Circle one.): OT      OTA

Military Status (Circle one.):      Military Service Member      Military Veteran      Military Spouse

Street Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am in the individual named in this statement.

I am currently licensed in the following state of the U.S. (*write the state's name; do not use an abbreviation*):

\_\_\_\_\_.

I am a military service member, military veteran, or military spouse.

For purposes of this statement, a military service member, military veteran, or military spouse is in good standing with another state's licensing authority if the individual:

- (1) holds a license that is current, has not been suspended or revoked, and has not been voluntarily surrendered during an investigation for unprofessional conduct;
- (2) has not been disciplined by the licensing authority with respect to the license or person's practice of occupational therapy; and
- (3) is not currently under investigation by the licensing authority for unprofessional conduct related to the person's license or occupational therapy.

I attest to being in good standing in the state I have indicated above.

\_\_\_\_\_  
*Applicant Name (Please print.)*

\_\_\_\_\_  
*Applicant Signature (Electronic signatures not accepted.)*

\_\_\_\_\_  
*Date*